

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039570

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 248

Primary Registration District No. 5544

Registrar's No. 12

FILED OCT 29 1962

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seneca twp		Length of stay in 1b Inst.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On way to hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS On way to hospital		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Earnest Paul Higginbotham		4. DATE OF DEATH Month Day Year Oct. 17, 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-05
9. AGE (last birthday) 57		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	
11. BIRTHPLACE (City and state or country) Seneca, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Higginbotham		13b. MOTHER'S MAIDEN NAME Lucy G. Cowan	
14. NAME OF HUSBAND OR WIFE Laveta		Address Mo. Seneca	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 0	
17. INFORMANT Mrs. Laveta Higginbotham		Address Mo. Seneca	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries & fractures explosion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 30 Min	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) while working piece of mining drill steel it exploded into fragmentation	
20c. TIME OF INJURY Hour Month, Day, Year 9:00 am 10-17-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Blacksmith shop	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Seneca COUNTY Newton, Mo. STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Paul L. Hedrick Coroner Newton Co. Mo.	
22b. ADDRESS 118 W. Main, Neosho, Mo.		22c. DATE SIGNED 10-18-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-19-62	
23c. NAME OF CEMETERY OR CREMATORY Hornet Cemetery		23d. LOCATION (City, town, or county) Hornet, Missouri	
24. FUNERAL DIRECTOR W E Beddcome		25. DATE RECD. BY LOCAL REG. Oct-23-1962	
26. REGISTRAR'S SIGNATURE Mrs. Irene Russell			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

OCT 30 1962

DEC 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W E Biddlecom

Licensed Embalmer No.

2174

P. O. Address

Seneca MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.